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## PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE: 18-JAN-06	STATE APPLICATION IDENTIFIER:
2b. APPLICATION ID: 06AC059603	4. DATE RECEIVED:	GRANT NUMBER:
5. APPLICATION INFORMATION		
LEGAL NAME: Vanderbilt University Medical Center/Center for Health Services DUNS NUMBER: 004413456 ADDRESS (give street address, city, state and zip code): Residence 7, VUMC, Station 17 Nashville TN 37232 - 0001		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Ladawna Parham TELEPHONE NUMBER: (615) 385-5582 FAX NUMBER: (615) 298-9217 INTERNET E-MAIL ADDRESS: ladawna.r.parham@vanderbilt.edu
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 620476822		7. TYPE OF APPLICANT: 7a. Higher Education Organization - Private 7b. 4-year college
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006 10b. TITLE: AmeriCorps*State 12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Montgomery, Dickson, Maury, Davidson, Williamson, Robertson, Rutherford, Cheatham and Sumner counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Student Community Health Coalition AmeriCorps
13. PROPOSED PROJECT: START DATE: 08/01/06      END DATE: 07/31/09		14. PERFORMANCE PERIOD: START DATE:      END DATE:
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE:
a. FEDERAL      \$ 175,139.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO
b. APPLICANT      \$ 164,239.00		
c. STATE      \$ 0.00		
d. LOCAL      \$ 0.00		
e. OTHER      \$ 0.00		
f. PROGRAM INCOME      \$ 0.00		
g. TOTAL      \$ 339,378.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Barbara M. Clinton	b. TITLE: Executive Director	c. TELEPHONE NUMBER: 6153224773
		d. DATE:

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### Executive Summary

Since 1995, when the Student Community Health Coalition became one of the first AmeriCorps programs in Tennessee, we have provided health screenings to more than 10,000 seniors. We have provided minor home repairs, built wheelchair ramps, conducted home safety assessments, and provided restorative chore services to 600 seniors. We have engaged volunteer advocates in the education of more than 10,000 senior women about breast health, engaged volunteers from all walks of life and partnered with 70 agencies to address community needs. The mission of the SCHC is: To Enable Seniors to Empower Their Communities. All of our service is designed to support this mission by empowering seniors to achieve safe, healthy and independent lives that allow them to be active and effective members of their community.

Evaluations we have received from seniors we've served who had been in need of safe and healthy home and community environments clearly show that our work to meet this need has a tremendous impact on the physical and mental well-being of seniors striving to maintain independence. The seniors we work with are low-income and isolated, which inhibits them from accessing needed services. To address these needs, we are proposing two outcomes. The first is to conduct "Community Based Health Initiatives." The results of 60 health and service projects planned and conducted to benefit individuals being served by SCHC and other community organizations will indicate project beneficiaries have improved access to safe, healthy, and independent community and home environments. These results will be measured by surveys of members and community agencies and data collection records. The second related outcome addressing this need is "Osteoporosis Screening and Counseling." After participating in our program, including screening and counseling, 110 seniors will make lifestyle change(s) to strengthen their bones and reduce their risk for osteoporosis. Results will be measured follow-up interviews with participant and data collection records.

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This reduced access to health care leads to a need for volunteers who can improve and expand our reach. Working with a combination of volunteers, AmeriCorps members, and community agencies is key to an effective program. We engage volunteers in peer education, service activities and outreach, and events that support the health and wellness of participants. To support this need, we propose an outcome on "Volunteer Mobilization." Our outcome states that 55 non-AmeriCorps volunteers will develop a sense of national and community service by providing service in SCHC activities. Results will be measured by achievement as tracked through volunteer service logs, volunteer sign-in sheets, volunteer project schedules, volunteer phone and print follow-up contacts.

We have partnered with community agencies such as the Center for Independent Living, Prevent Blindness Tennessee, Arthritis Foundation, Vanderbilt Ingram Cancer Center, Greater Nashville Regional Council on Aging, and many others to assure that we work together effectively to weave a strong net of support and service for our community.

Member recruitment is a high priority at the Student Community Health Coalition. We value diversity in all its forms and throughout our existence have engaged members from all ethnicities and cultures, ages, socio-economic backgrounds, faiths, sexual orientation, educational background, experience levels, and people with disabilities. Member recruitment is done through job training programs, community agencies, local newspapers, and online. Members serve 10-month terms and member support includes orientation and the following trainings: general and area-specific program, citizenship, Life After AmeriCorps, CPR, and AmeriCorps guidelines and Prohibited Activities. Weekly team meetings are held during which progress and issues are discussed, and mutual problem solving occurs and we conduct mid- and end-of-term evaluations.

### **Summary of Accomplishments**

The Student Community Health Coalition-AmeriCorps has made significant progress toward meeting

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our performance measures for the three-year grant period. We have already screened 139 seniors for bone density and are on target to screen and counsel 600 seniors for osteoporosis and ways to address risk factors to create effective lifestyle changes to combat the disease. We have already scheduled 29 community based health initiatives and are well on target to ensure the safe, healthy, and independent living of 80 seniors. This is in addition to the hundreds of other seniors for whom we provide fitness and nutrition opportunities, loneliness and isolation support and outreach, breast health awareness and connection to early detection strategies, and other important health screenings that are not part of our specified outcomes. We have made significant progress toward our volunteer mobilization outcome, having already recruited and trained more than 25 volunteers. This success and the enhanced partnerships we have developed set the stage for the remainder of the current grant period to be very successful and to ensure growth and success in the grant years to come.

Members have received training needed to effectively carry out the work of SCHC-AmeriCorps in meeting our performance measures. They have completed 10 modules of citizenship training. Members have also received training in carpentry skills, group dynamics, work expectations, compliance with rules on prohibited service activities for AmeriCorps members, Life After AmeriCorps, vision screening, bone density screening, CPR, breast health and clinical breast exams. More training will occur throughout the year and we anticipate approximately 15% of time in this and following years to be dedicated to appropriate training.

In working to meet our performance measures, it is important to recognize the need for members to performing this service by becoming effective citizens. To ensure that members have the opportunity to develop an understanding of civic responsibility and a new level of citizenship skills, knowledge, and attitudes, the SCHC continues to foster relevant opportunities for this growth. We have fostered a diverse working environment that represents the many faces of America, both among our members

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and our clients. We also engage young members with seniors to help dispel the myths that both groups hold toward each other. By bringing these two groups together, we can bring about understanding and empathy from both groups.

We are continually expanding definitions of citizenship and responsibility through our service. Citizenship training is incorporated into our program throughout the year, and we consider leadership potential as an important factor when evaluating members and their commitment to service. To support leadership opportunities, we have developed focus-area teams for members to allow them to continue to work effectively as a team but to also have specific projects in which to focus and take leadership. Since 1995, we have offered members opportunities to demonstrate their leadership skills by organizing large health fairs and large statewide service events, and giving them the skills necessary to make public presentations about AmeriCorps and the impact of service. Our members have become leaders in many AmeriCorps programs across the United States and at the Tennessee Commission on National and Community Service.

In addition to building the effective citizenship of our AmeriCorps members, the strengthening of our communities and community partnerships has been important in our progress toward performance measures. Through the partnership model we use, each partner agency learns from the other partners about effective strategies for meeting community needs. Such partnerships include our work with the Center for Independent Living and Prevent Blindness of Tennessee with whom we share the work of members, senior referrals, shared materials and resources, assistance at health fairs and service projects, and recruitment of volunteers. We also have working relationships with the Arthritis Foundation, the South Nashville Family Resource Center, the Assisting Seniors Council of United Way, the Greater Nashville Regional Council on Aging, the Council on Aging, and the Alzheimer's Association.

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Our work with the faith-based community has been extensive. Members have organized service projects around the designated day of Sabbath for Jewish and Seventh-day Adventist organizations to provide opportunities for volunteers and connected other faith groups to health screenings and services. Members have also worked with Galilee Baptist Church, Gordon and Bellevue United Methodist churches, Catholic Charities, Mary Queen of Angels and Villa Maria Senior programs. We have also engaged youth groups as volunteers for various service projects to help them develop a long-term spirit of national and community service. The partnerships we have developed and the training, skills, and commitment of our members allow SCHC-AmeriCorps to make significant progress toward our performance measures.

### **Rationale and Approach**

Compelling Community Need:

In our work since 1995, evaluations of more than 600 seniors reveal the overwhelming need for minor home repairs, wheelchair ramps, and restorative chore services that ensure safe, healthy and independent living environments. Seniors face a number of barriers to living independently. As vision and overall body strength diminishes, the normal aging process makes people more prone to accidents and falls. Sixty percent of senior falls occur in the home, many due to correctable safety hazards like exposed cords, poor lighting, and cluttered pathways. Identifying and removing these hazards are essential to seniors' wellness. For seniors who are disabled, a ramp built to A.D.A. code makes the difference between isolation and connectivity to the community. Often, low-income seniors are living in rented property or assisted living, and a poor home condition can prompt their eviction. We have also worked with seniors whose home health care workers refuse to come into the home to provide critical health care until the home has been greatly improved. In other cases there are significant allergy and pest issues that can be resolved with our service.

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As stated, falls are a critical issue for seniors. Many falls are caused or exacerbated by osteoporosis. Osteoporosis is called the "silent disease" because bone loss occurs without symptoms. Until a sudden strain, bump, or fall causes a fracture or a vertebra to collapse, many seniors do not know that they have osteoporosis. Nine out of ten hip fractures in older Americans are the result of a fall. The National Institute of Health (NIH) reports that among Americans age 65 and older, fall-related injuries are the leading cause of death due to unintentional injuries. In addition to the immobility, hospitalization, and for some seniors, the seclusion that follows a fall and a broken hip, other long term problems arise. The person who has fallen and broken a bone almost always becomes fearful of falling again. As a result, he or she may limit activities for the sake of "safety." Reduced social interaction leads to reduced physical activity, increasing the risk for even lower bone density, osteoporosis, and subsequent falls. This cycle leaves many seniors feeling trapped, afraid to leave home for fear of what might happen outside, but equally afraid to stay at home alone for fear of falling without anyone's notice. We can help stop this debilitating cycle before it impedes seniors from living independently by providing free bone density screenings coupled with counseling about ways to reduce risk factors for osteoporosis and improve bone health and strength.

Volunteer mobilization is also critical in meeting the health needs of our community. One of our largest volunteer bodies is through our breast health initiative, which engages senior women as volunteer peer educators who work within their community to educate and encourage the use of breast cancer early detection strategies. Volunteer mobilization plays a key role in addressing the challenges senior women face in accessing early detection strategies. Many senior women, especially in rural areas, do not have access to a health care provider who recommends an annual mammogram. Others have not been exposed to the current information regarding the importance of early detection. In addition, many senior women are reluctant to talk about their breasts. They are too embarrassed to examine or feel a breast model to find lumps and they shy away from general

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discussion about breasts and breast health. Based on national data and our own program experience, it is clear that senior women need encouragement and education to assertively seek breast cancer education and detection. Volunteers who are peers to the target group of customers have proven to be the most effective way to provide this encouragement and education. Reaching the 10,000 women we have educated since the project's inception, and the 2,000 senior women we propose to educate this year, would be impossible without an effective volunteer mobilization strategy. We also engage volunteers in isolation outreach, health screenings, and fitness and nutrition activities. By engaging volunteers in our various community health initiatives, we not only meet community health needs but we help volunteers to develop a long-term sense of national and community service.

### Description of Activities and Member Roles:

Our project addresses the needs of low-income, frail and isolated seniors throughout our middle Tennessee community. With the combined efforts of trained AmeriCorps members, community volunteers, and partnering community agencies, we will provide improved capacity for seniors to live in the safest, healthiest, most independent environment possible; will utilize volunteer dedication and training to educate senior women about early detection strategies for breast cancer; and will reduce seniors' risk for osteoporosis through bone density screenings and counseling.

We will train members in community outreach, the referral system, and basic cleaning and carpentry skills that will allow them to provide minor home repairs, build wheelchair ramps, conduct restorative chore services, and design and implement community-based health projects to improve access to safe, healthy, and independent community and home environments. Members will take referrals, communicate with seniors in scheduling and assessing the service projects, recruit and coordinate volunteers as appropriate for fulfilling the needs, and conduct evaluation following the completion of the projects. We will also train members in the use of our breast health educational tools, conducting



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clinical breast exams, volunteer recruitment and management, and community outreach to enable them to effectively engage and train senior women as volunteer peer educators in our breast health initiative. Members will be responsible for scheduling educational workshops, recruiting and training volunteers, working with partner agencies to provide outreach and resources, and conducting follow-up and evaluation of the work done by the program and the volunteer advocates. We will train members in the use of our bone density screening machine and educational materials, and in conducting the screening and counseling, to enable them to provide bone density screenings at health fairs, community centers, senior centers, and other venues. Members will schedule health fairs and other screening opportunities; conduct screenings, including providing intake for the senior, explaining the procedure, screening the senior, entering the data for the senior, explaining the screening results to the senior, and counseling the senior on risk factors and risk reduction strategies; and conduct follow-up with seniors to determine what level of change they have made to improve their bone density as a result of working with our program. Members serve in a team-based environment out of our main office but go off-site to conduct specific activities such as service projects and senior homes or screenings at health fairs, unless they serve with a partner agency to develop health screening opportunities. We are requesting a combination of full-time, half-time, and minimum-time slots to allow us to fill the variety of project and scheduling needs of the office - allowing members the opportunity to not only serve but to develop leadership opportunities and a sense of ownership of their projects.

As they conduct this service, we will ensure members are in compliance with rules on prohibited service activities through training and guidance. During orientation, all members review prohibited activities as outlined in the AmeriCorps Member Training Materials. Three hours of training are devoted to understanding prohibited activities. Throughout the year, members log in daily service on activity logs, which are reviewed by the program director. If service is reported on the activity log that

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appears to be a prohibited activity, the director discusses this with the member for clarification.

Prohibited activities are discussed at monthly AmeriCorps member meetings and during member mid-term evaluations.

Measurable Outputs and Outcomes:

These Outputs and Outcomes measures are applicable for the entire three-year grant cycle.

1) Osteoporosis Screening and Counseling: Output) We will provide bone density screening and counseling for 600 seniors to determine risk for osteoporosis. Intermediate Outcome) Through education and motivation, we will encourage 350 seniors to commit to making lifestyle change(s) to improve their bone density. Outcome) 110 seniors will make lifestyle change(s) to improve their bone health and reduce their risk for osteoporosis.

3) Community-based Health Initiatives: Output) We will plan 85 health and service projects that will benefit individuals being served by SCHC, faith organizations and community programs, but who are not otherwise receiving the services needed to assure health and independence. Intermediate Outcome) 75 health and service projects will be conducted to benefit individuals being served by SCHC, faith organizations and community programs, who are not otherwise receiving the services needed to assure health and independence. Outcome) Results of 60 health and service projects will indicate that beneficiaries have improved access to safe, healthy, and independent community and home environments.

3) Volunteer Mobilization: Output) Members will recruit 55 non-AmeriCorps volunteers for participation in activities that address the physical and emotional health, safety, educational,

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recreational, and other human needs of local populations. Intermediate Outcome) 55 non-AmeriCorps volunteers will participate in training that will allow them to serve in activities that address the physical and emotional health, safety, educational, recreational, and other human needs of local populations. Outcome) 55 non-AmeriCorps volunteers will develop a sense of national and community service by providing service activities that address the physical and emotional health, safety, educational, recreational, and other human needs of local populations.

### Plan for Self-Assessment and Improvement:

We maintain a database for our focus areas that allows us to track our quantitative progress toward meeting and achieving our performance measures. We enter data on an ongoing basis and aggregate the data quarterly to allow us to regularly evaluate our progress and make relevant adjustments as necessary. We also meet as a team weekly to discuss progress and get regular feedback from our community partners. By meeting regularly as a team, conducting an ongoing evaluation of our progress toward objectives, and having a positive dialogue with partnering community agencies, we are able to constantly improve and grow by identifying our strengths and weaknesses, resolving problems, and celebrating our successes with members and the community. This is an important part not only of achieving our performance measures but of creating a long term spirit of national and community service with our members and a network of support among our partners.

### Community Involvement:

Community agencies, volunteers, and professionals are a basic part of the work we propose in these ways:

a) All of the work of the program is under the guidance of our Advisory Board. At least 33% of the members of the Advisory Board of the Center for Health Services are community residents. They

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advise, approve, and assist with the work we do through an annual planning process that assures regular oversight by community members. In addition, the work is based on needs identified through focus groups, interviews, and data analysis conducted by United Way of Metro and Davidson County Needs Assessment.

b) All SCHC projects since 1995 have included customer evaluation input. This data has been used in planning the work described in this proposal. Each service project is designed with customer input and receives immediate customer evaluation upon completion. In most cases, customers determine the timing and scope of the projects, which take place at their homes. For health promotion work, our agency partners, senior living facilities, and members of the university community help monitor our progress. Community members are crucial with community professionals providing many of the services and assisting with the training of members. Experts in vision, hearing, geriatric health, fitness and nutrition, and breast health suggest innovative approaches and ideas, volunteer with us, train our members, and help evaluate our work.

c) Caseworkers and professional staff from agencies serving families and seniors provide referrals, input, training for members, and advise as needed. These include the Greater Nashville Regional Council on Aging, Senior Citizens Inc., Center for Independent Living, Vanderbilt Ingram Cancer Center, Catholic Charities, and others.

d) The volunteer breast health advocates are community women who are talking daily with their peers about breast health. They provide steady feedback to the program.

### Relationship to other National and Community Service Programs:

There are no other national and community service programs supported by the Corporation that provide the type of service that we do in or near our service area. We do not overlap with the Senior Companions program at Senior Citizens, Inc., and in recognition of this Senior Citizens, Inc., provides a significant portion of the referrals we use in serving the community. Senior Citizens, Inc., is also one

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of the Senior Citizen Center programs of the Greater Nashville Regional Council on Aging, which recognizes the separate and distinct services of our programs by referring the largest number of seniors we serve through our community-based health initiatives. We have a strong partnership with Senior Citizens, Inc., through which we receive referrals and are able to refer some of the seniors we serve to Senior Citizens, Inc., for the services we don't provide. In addition, we deliver Meals on Wheels, a program of Senior Citizens, Inc., and have conducted health screenings and fitness classes at their facility and at their behest. We build on the strategies and work of the Corporation and other Corporation supported programs by utilizing training modules and best practices as applicable and by filling a gap in services in our community. We also collaborate with them on regional events, such as the recently completed MLK Day of Service. We collaborate with a similar program that serves a different part of the state to share best practices and problem-solving strategies, as well as to conduct relevant member training such as Life After AmeriCorps.

### Potential for Replication:

Our program is an effective model that is easily replicated because it engages volunteers, AmeriCorps members, and community agencies in a collaborative effort to address community needs and these are resources that can be available in any community across the country. We share best practices at state AmeriCorps program director meetings and would be happy to provide a verbal or written presentation to any program considering a team-based, collaborative model such as ours. This model is particularly effective in addressing the needs of the aging community and we would be pleased to offer our experience and support to senior-serving programs considering this model.

\*Promoting Higher Education Service

Vanderbilt University used approximately 17% of FWS Funds for community services last year.

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Students funded through FWS Funds have served as reading tutors, health care workers, health care researchers, math tutors, and assistants to students with disabilities. FWS community service workers are trained by a variety of methods and means depending on their particular work assignment. For instance, reading tutors receive orientation from staff and faculty of Peabody College. Lab research workers receive training on the job and also are assigned to a job coach. FWS workers who work with students with disabilities are trained by professionals associated with the Opportunity Development Center.

Our current relationship with the financial aid office with respect to community service FWS has been limited due to the kind of service we provide. Since we offer our services to citizens in rural areas, student access to transportation is essential. In addition, extensive time may be required to drive to the rural areas. Work-study students have not had the time or the means to do this service on a regular basis. During 2002-2003, we implemented a system allowing work-study students an opportunity to engage in our services. A request for work-study students is on file with the financial aid office. Since work-study students require a regular schedule but have limited time available during exams and academic breaks, we engage them in service projects that can be scheduled on a regular basis.

### **Member Outputs and Outcomes**

#### Member Recruitment and Recognition

Member recruitment is a high priority at the Student Community Health Coalition. Member recruitment is done through job training programs, job fairs, area high schools and colleges, other community agencies, local newspapers, and online through the Center for Nonprofit Management and Corporation for National and Community Service. We have recruited members from the communities to be served through participation in health fairs at the Agency on Aging, volunteer/work fairs at the Senior Lifestyles Day of Discover Nashville, and by engaging those who

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have participated in our program as recipients. In addition, we seek to recruit members with disabilities by distributing our recruitment materials and position descriptions to seniors with disabilities we serve, to the Center for Independent Living, and to the Tennessee Disability Coalition. These individuals have a vested interest in helping their peers and strengthening their community.

We value diversity in all its forms and throughout our existence have engaged members from all ethnicities and cultures, ages, socio-economic backgrounds, faiths, sexual orientation, educational background and experience levels, and people with disabilities. We seek members who bring valuable diversity to our team, and who, in addition, are dedicated, passionate, and capable individuals who are able to be both self-directed and work as a team. We expect much of our members and look for individuals who exhibit an interest and/or experience in national and community service, leadership skills, history working with a diverse team, and an ability to take ownership of and be self-directed in projects. Members are only selected if they have completed high school or received their GED. We do work to recruit individuals who have shown an interest in pursuing education and have possessed the commitment to achieve this interest. For example, in the current grant year we have six college graduates and three members who are currently enrolled in college or about to be enrolled in college. Two of our members who have graduated from college are completing master's degree programs, one will be starting medical school in the fall of 2006, and one is completing her licensure in dietetics. This level of commitment is a very positive characteristic that we strive not only to recruit but to develop throughout their term of service.

Member support includes orientation, general program training, specialized training on their area of focus, partner agency training, citizenship training, Life After AmeriCorps training, CPR training, and training on AmeriCorps guidelines and Prohibited Activities. On-site training and support is provided on a daily basis. Weekly team meetings are held during which progress and issues are discussed, and

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mutual problem solving occurs. Mid-year evaluations and end of term evaluations help members to identify and receive support in addressing areas they can strengthen during their term of service and beyond.

Members receive a living stipend and if they satisfactorily complete their term of service they receive an educational award. In addition they are provided with AmeriCorps member gear and enjoy a positive service environment with health benefits, a flexible schedule, and a strong team atmosphere. Because we are linked to a university, they have the opportunity to attend various seminars and lectures to allow them to pursue interests and their education. They receive life and career skills and training including, but not limited to, grant writing training, Life After AmeriCorps, CPR training, team building, event planning, public speaking, effective citizenship, resume preparation, and more. In addition, they are supported in taking leadership roles within our agency and throughout the community. They develop and conduct presentations on a variety of topics, plan local events and health fairs, and serve on committees and coalitions. We connect members to various networking opportunities that allow them to build a base of contacts for their future educational and career growth.

Member achievements are regularly recognized at team meetings and individually. Our team has a very strong esprit de corps and plans fun, team-building activities for itself on a consistent basis. In addition, the program director celebrates birthdays and successes, often bringing in food or taking the team out for activities, often at her own expense.

We have a successful retention rate because we believe in supporting the members as they take leadership of their focus areas while forming a strong team bond that creates a positive work environment. For example, in the current grant year we have as of today a 100% retention rate and



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do not anticipate losing any members this year. They feel ownership of the program as a whole and of their specific work areas, and they also have a strong bond with each other and the program director that has been fostered through trust, team building, feedback, and support. Some members in the current grant year have already discussed their intent to return for a second term. Their hours are tracked and the aggregate is provided to them monthly so that they and the program director are always aware of their time, so there is no opportunity for someone to fall behind on their hours and risk not completing a full term of service. Also, our members enjoy the service, the environment, and the team and thus are ever present, without seeking to miss service opportunities or fall behind on hours in any way.

### Member Development, Training, and Supervision

Member orientation takes place over the first two weeks of service during which they receive orientation to the program and its requirements, general program activity training, specialized training on their area of focus, partner agency training and extensive training on AmeriCorps Guidelines and Prohibited Activities. They are provided with ongoing training throughout their term of service including citizenship training, Life After AmeriCorps training and CPR training. On-site training and support is provided on a daily basis. Weekly team meetings are held during which progress and issues are discussed, and mutual problem solving occurs. Mid-year evaluations and end of term evaluations help members to identify and receive support in addressing areas they can strengthen during their term of service and beyond. In addition to weekly meetings and specified evaluations, the program director meets bi-weekly with individual members to conduct supervision and assess progress. We have a positive, supportive environment in which members feel comfortable and confident in bringing issues of concern and questions for areas of self-growth within the program to the director.

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### Ethic of Service and Civic Responsibility

In addition to extensive opportunities for training, team building, and structured feedback for growth and improvement, members participate in citizenship training to promote a lifelong ethic of service and civic responsibility. The SCHC is an intergenerational program that has a benefit beyond the tangible service that is done. Tolerance and acceptance are two goals for interactions between groups of citizens. Our program utilizes a unique structure to engage young adults and senior citizens together, giving and receiving service resulting in mutual tolerance and acceptance. Many of the seniors we serve are from rural areas in Tennessee. Their impression of young adults is often negative based on what they see in the news. Our members, as well as our clients, represent the many faces of America. When members engage seniors in classes, the seniors can see the integrity and honor of these young adults. In addition, members, especially those who come from other states, sometimes have an incorrect impression of rural senior Tennesseans. When members feel the respect of a senior they have helped, it dispels their misperceptions about seniors and aging. By bringing these two groups together, we can bring about understanding and empathy from both groups. We are expanding definitions of citizenship and responsibility through our service. Structured citizenship training is incorporated into our program throughout the year. We offer 10 modules of leadership and citizenship training to all members using AmeriCorps curriculum and based in our specific community. We consider leadership potential as an important factor when evaluating members and their commitment to service. Our members have become leaders in many AmeriCorps programs across the United States and at the Tennessee Commission on National and Community Service.

### Member Enrollment and Retention

Most of the minimum time members we had requested for enrollment were medical students engaged in community-based health initiatives. Not as many medical students were engaged by Vanderbilt

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Medical Center for this purpose as had been previously anticipated, and this was an unforeseeable occurrence. Our retention rate was lower last year than the CNCS expected rate because: 1) we are a small program and therefore each individual gained or lost has an extraordinarily large effect on our retention rate; 2) several of our enrolled AmeriCorps members had unforeseeable crises arise during the course of the year including --

- \* a mother whose child developed seizures and was she no longer able to work full-time,
- \* a member whose grandmother contracted a terminal illness and who chose to move out of country to spend the remaining time she could with her grandmother,
- \* One member who departed twice, first from a full time slot, later from a part time slot, therefore appearing as two departures

We are on target to have 100% member retention this year.

### Measurable Outputs and Outcomes

We met performance measures for AmeriCorps members by engaging them as proposed in successfully achieving our outcomes including health screenings, service projects, and volunteer mobilization. In addition, AmeriCorps members participated in all training, professional growth opportunities, and community outreach outlined in our application.

### Community Outputs and Outcomes

#### Community Impact

The Student Community Health Coalition continues to progress toward meeting its community-based performance measures, while simultaneously identifying other issues for the elderly in our communities. We strengthen our community by working toward our mission of enabling seniors to empower their communities. To achieve this we help to create effective seniors who take action to be well, are connected to the community, are passionate and proactive, and are open to new ideas and experiences. We are currently on target to screen 550 seniors for osteoporosis and ensure the safe,

healthy, and independent living of 80 seniors, in addition to the hundreds of other seniors for whom we provide fitness and nutrition opportunities, loneliness and isolation support and outreach, breast health awareness and connection to early detection strategies, and other important health screenings. We will also engage 55 seniors and other members of the community in volunteerism that supports a lasting sense of national and community service.

Because our program meets targeted, compelling community needs by furthering our mission of enabling seniors to empower their communities, an overarching goal of SCHC is that of empowerment. Just as educating seniors about health issues encourages them to take a more active role in their physical well-being, helping seniors identify needs in their own communities encourages many to seek out ways they can become involved in a solution. For example, in a 2005-06 citizenship project, elderly members of a low-income community were identified as isolated or needy. These seniors were "adopted" by local individuals for the holiday season and were given gifts at a holiday party. The party was held at a local community center, and despite the fact that many of these seniors lived on the same street as the center, several commented that they were unaware of the existence of the center or its services. They were excited at this new way to be involved with their community and others in similar life circumstances. For most of the seniors, this was also their first exposure to SCHC and the myriad services we provide. Throughout the planning and implementation of this project, SCHC members met seniors who sought ways to be involved in volunteering efforts. As a result, these seniors will be trained as volunteer "comfort callers" to reduce their loneliness and that of their peers, serving both the originally identified senior and their new partner. Other seniors were connected to outside volunteer agencies that could provide information on opportunities that more closely matched the seniors' areas of interest.

Sustainability

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The SCHC and the Center for Health Services have an excellent track record in assuring the sustainability of projects. Both have provided continuous assistance and service to communities for more than 30 years. We have maintained this track record by embracing a wide range of funding sources, including corporate and government grants, individual donations, and good relations with providers of "in-kind" gifts. In many cases, we have sustained this work by designing, field testing, and piloting a project, which is then adopted by a community agency which makes it part of its ongoing program. Health fairs and many of the exercise classes originally developed by SCHC are now maintained, funded, and fully operated by our partner centers in 13 counties. As another example, the new design of program pilot sites for the Breast Health Initiative allows senior lay health advisors to remain active in their advocacy efforts despite the absence of a BHI coordinator in the lapse between AmeriCorps terms of service. In addition, recruiting service recipients as program volunteers provides a solid base for projects, as these individuals have a strong interest in the improvement of their communities. For example, the statewide Make a Difference Day project, coordinated and hosted by SCHC, repaired and expanded a community garden dedicated to child victims of gun violence. This project required cooperation with the garden's owner and the larger community, as a garden requires frequent attention and maintenance. Members of SCHC and the community have since continued upkeep on this project.

The CHS has long-term relationships with private, state, and federal funding agencies, and significant experience carrying out fundraising plans and researching sources of funding. We have a strong record in proposal planning, proposal writing, and financial management, as well as seeking alternative sources of reimbursement for non-medical services. We have increased our community relationship building for long term sustainability and have expanded profitable partnerships with the Vanderbilt Ingram Cancer Center, Arthritis Foundation, and Senior Citizens, Inc. SCHC seeks to further diversify its funding by applying for new local and foundation grants in the area of service

delivery. This emphasis on promoting self-sufficiency has resulted in the long-term sustainability of CHS programs.

The partnership model continues to prove an effective way for SCHC to enhance and grow community resources. A new relationship with the Breast Health Initiative and the Vanderbilt-Ingram Cancer Center provides both financial as well as informational resources for the operation of BHI's advocacy efforts. A continued partnership with Prevent Blindness Tennessee allows members the expanded opportunity to screen individuals for sight problems, educate them about proper eye health, and refer them to appropriate low-cost resources. SCHC's partnership with the Arthritis Foundation provides training and certification for members in PACE (People with Arthritis Can Exercise). Local religious organizations, community centers, and senior citizens' centers are also important partnerships, as they provide the venue and clients to participate in our much needed services. These community relationships have lead to increased community investment in our program's continued operation as demonstrated by the tremendous, ongoing support provided by our community partners as identified.

### Volunteer Recruitment and Support

We have recently undertaken a new relationship with Hands on Nashville, the local branch of a national volunteer resource agency, to identify and recruit more outside community volunteers for the projects of SCHC. This is an especially exciting partnership opportunity and a natural fit, because Hands on Nashville is a link for AmeriCorps alumni nationally and in Nashville. Our physical placement at the Cohn Adult Learning Center has linked our program to the work of nearly 30 other community agencies that have benefited from member contributions to their programs in many ways. Because our host agency is located within a University setting, we have easy access to students who want to do volunteer service. We have utilized medical students in our health fairs and

undergraduates in our service projects. Our member training includes a segment on how to recruit and maintain volunteers from our community. The program director is active on boards and committees of local agencies and organizations whose goals coincide with those of the SCHC and who could ultimately prove to be valuable partners to our program. One such example is the partnership with the Council on Aging, which hosts a volunteerism fair for senior citizens at which SCHC will be provided with free booths to recruit volunteers. Our system of engaging senior volunteers can be replicated as a model for engaging not only older seniors in need of our services, but also baby-boomers as they retire and are looking to continue being active in service to their nation and community. This is especially important as it supports a CNCS strategic priority for 2006-2010.

### Capacity Building

We also have a significant community impact by increasing the capacity building capability of our community neighbors. The Center for Health Services provides community programs with links to funders and contributors in our own community and nationally. Each year, we offer community agencies the opportunity to participate in a four-session, intensive course designed to build agency capacity in raising funds from foundations. Through this course, agencies learn about the foundation world, enhance writing skills, plan programs and describe them in ways that make links to the interests of funders. Each participating agency prepares a draft proposal, which is reviewed and edited by colleagues who are also participating in the course. Another tool for capacity building within our community involves working as a part of a collaborative effort, in which each of the partner agencies learns new sustainability strategies from its peers, and builds relationships that enhance the capacity of each agency to remain strong and stable. We participate in a number of planning committees, on the South Nashville Family Resources Partners organization, and the Assisting Seniors Council of United Way. We will continue to assist our participating programs and partner agencies with capacity building efforts. Members participate in this community capacity building by participating in these

committees and councils, offering valuable insight and support.

### Disaster Preparedness

Our AmeriCorps members receive American Red Cross training in CPR and crisis response, to enable us to be ready for effective mobilization in the face of disaster. We also maintain a relationship with the Tennessee Commission on National and Community Service, which has numerous resources for disaster preparedness planning. We provide individual service project hours to allow members the opportunity to participate in disaster response including blood donation, serving at food/goods/blood drives, traveling to and serving at a disaster site, and training on effective citizenship, which includes discussion of the importance of and strategies for responding to crisis within our community and across the nation. Members have also participated in emergency response preparedness activities with local hospitals and government agencies, including the upcoming Homeland Security District 5 Emergency Preparedness Challenge to aid both their response and to help train and prepare crisis response professionals.

### Organizational Capability

#### 1) Sound Organizational Structure:

##### a) Ability to Provide Sound Programmatic and Fiscal Oversight:

For over 30 years, the Vanderbilt University Center for Health Services (CHS) has connected the human and institutional resources of Vanderbilt University with over 100 rural and urban communities. The Center for Health Services has helped provide health-related services to thousands of people in Tennessee and eight surrounding states. The student and staff-directed projects of the Center have been catalysts in the development of many innovative community and regional approaches to good health. The Center's goal is to enable community members who are isolated or excluded from other resources to enhance their health and environment. The oldest project of the



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Center, the Student Community Health Coalition, has provided health outreach to thousands of residents in the southeast since 1968. Since 1994, the Student Community Health Coalition, recognizing that the senior population is increasing rapidly but there are not the services to meet that incumbent need, has focused its efforts on the needs of the senior citizens in Middle Tennessee. The mission of Vanderbilt's Center for Health Services is to facilitate community-based solutions to problems that impact human health. CHS projects support community groups that have identified a problem or need. Our work complements community resources and supports local initiatives in ways that decrease dependency on outside institutions.

Our work has provided health screenings to more than 6,000 individuals; improved the health and fitness of over 200 seniors through exercise and weight management classes; engaged more than 500 volunteers in meeting community needs; educated more than 10,000 individuals about overall wellness, risk factors, and healthy living strategies to reduce their risk for osteoporosis, breast cancer, and the general deterioration of health brought on by aging; and improved the safe, healthy, and independent living of more than 400 seniors. We have significant experience in the areas of activity outlined in this proposal, and have gained this experience while successfully operating and overseeing a program comparable to the one proposed utilizing an AmeriCorps grant and other funding.

We have operated a federally funded AmeriCorps program every year since 1995, and have demonstrated our capacity to meet all of the requirements for doing so. In addition, we have managed several VISTA grants since 1980, and are thoroughly familiar with the Corporation for National and Community Service. Receiving an AmeriCorps grant for the upcoming three-year project period will add value to the services we perform by ensuring those services can continue to be available to our community. Our AmeriCorps members are in no way supplanting other services or volunteerism efforts that would otherwise be available. Without our members, the community would not have

access to these services. The Greater Nashville Regional Council on Aging and the CNCS-funded Senior Citizens, Inc., would be unable to refer to us the many seniors they are unable to serve. The AmeriCorps members at SCHC go far above providing the service, in which they are exemplary. They also reach out and engage the community in effective partnerships. They meet with seniors and assess their needs before working together to outline a strategy and implement services to meet those needs. By receiving an AmeriCorps grant, we can ensure that our community will not only continue to receive critically needed services, but that it can grow and strengthen the relationship between partnering agencies to form a network of support throughout middle Tennessee.

### b) Board of Directors, Administrators, and Staff

The Board of Directors of the Center for Health Services, and the Vice Chancellor of Vanderbilt University, Harry Jacobson, MD, maintain overall responsibility for the program. The Board of Directors of the Center for Health Services and its director, Barbara Clinton, have worked for 10 years with the Student Community Health Coalition AmeriCorps program, and will continue to assure that high quality services are provided to our customers. Financial oversight is provided by the Vanderbilt Office of Financial Management, through its large staff and sophisticated budgeting and oversight system. The Vanderbilt Office of Financial Management provides regular feedback and reports to the Center for Health Services Fiscal Officer, Jill Flowers. Ms. Flowers utilizes the fiscal tracking system they provide, assuring immediate availability of revenue and expense information. She has served CHS for more than 5 years, and during this time has ensured the program remains financially sound. SCHC Program Director Ladawna Parham provides daily direction and support to the program. She is responsible for recruitment and training of members, establishing and maintaining relationships with partner agencies, assuring quality services are provided to customers, evaluating projects and members, reporting to the Commission and other funders, and overall administration of the program. She also trains and supports members in volunteer mobilization. Her experience in management and

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fundraising provides a solid base of support for the growth of the program. Barbara Clinton, director of the Center for Health Services, has been an avid community advocate during her more than 25 years of work with CHS. She has won several awards for her excellent work in the community and continues to provide strength and support in guiding the vision of the program.

### c) Plan for Self-Assessment or Improvement:

Self-assessment is assured through several strategies. Regular site visits from Commission staff and members provide excellent feedback on a regular basis. Each project we offer to seniors includes provision for evaluation and feedback from customers, which is used to refine and improve the program. Members also provide input through regular meetings and one-on-one conversations with supervisors and staff. We have a group of active AmeriCorps alumni who also advise on issues where past history of service is helpful in making key decisions. Through the Annual Plan and the Executive Committee, the CHS board provides overall oversight to the program. CHS Director oversees the work of SCHC program director Ladawna Parham, to ensure a system of assessment and continual improvement.

### d) Plan for Effective Technical Assistance:

We will utilize technical assistance offered by the Tennessee Commission on National and Community Service and by the Corporation for National and Community Service as needed to ensure we are operating most effectively now and as we envision and work toward growth and improvement. Additionally, we work with many community partners that provide technical assistance such as the Center for Nonprofit Management, and we regularly take advantage of those opportunities to support our program.

## 2) Sound Record of Accomplishment as an Organization

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### Volunteer Generation and Support:

We recruit and support a diverse group of volunteers that support our own organizational capacity through participation on our Advisory Board. All of the work of the program is under the guidance of our Advisory Board. At least 33% of the members of the Advisory Board of the Center for Health Services are community residents. They advise, approve, and assist with the work we do through an annual planning process that assures regular oversight by community members. In addition, the work is based on needs identified through focus groups, interviews, and data analysis conducted by the United Way of Metro and Davidson County Needs Assessment.

### Organizational and Community Leadership:

Our program is a leader within the community and has often taken a leadership role among AmeriCorps programs in Tennessee. We are the most recent host of the Tennessee AmeriCorps programs' annual Make A Difference Day event and participated in the planning and service of this year's MLK Day of Service Event. We have been recognized for our expertise and leadership through support of the Susan G. Komen Breast Cancer Foundation, Minnie Pearl Breast Cancer Foundation, United Way, Baptist Hospital Healing Trust, and the Vanderbilt Ingram Cancer Center. Program Director Ladawna Parham serves on the Advisory Council for the Council on Aging, partner in the South Nashville Family Resource Center's partner's panel, United Way Assisting Seniors Council, as board member for Community Shares, elected committee member for the Nominating Committee of Community Shares, chair of Discover Nashville's Senior Lifestyles Day, and planning committee member for the Tennessee Cancer Coalition's Cancer Control Summit. Ms. Parham has received the 2005 Alma Pillow Excellence in Aging Award from the Greater Nashville Regional Council on aging for the impact of her work and that of SCHC in the community in promoting services to the aging. SCHC AmeriCorps members have been involved in leadership roles in planning citizenship events in the community and in representing SCHC at the Nashville Latino Coalition.

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### Success in Securing Match Resources:

We have been successful throughout our program history and in the current grant cycle in securing match resources. Through community partnerships and effective sustainability plans we have continued to meet our match requirements. We receive individual support; have received funding from Vanderbilt University Medical Center, Center for Independent Living and Prevent Blindness Tennessee; and have a partnership with Metro Schools Cohn Adult Learning Center for in-kind donations of space and other resources.

### 3) Success in Securing Community Support that Recurs, Expands in Scope, Increases in Amount, and is More Diverse:

#### Collaboration

We have developed collaborations with the Center for Independent Living, Prevent Blindness Tennessee, Senior Citizens Inc., Arthritis Foundation, and Vanderbilt Ingram Cancer Center. The Center for Independent Living provides referrals to us of seniors in need of wheelchair ramps, and they provide our members with the construction training necessary to build the ramps. They also provide a trained expert to supervise construction at the ramp site. In return, we help them to meet their goal of providing wheelchair ramps to increase access and independence for seniors and people with disabilities by providing member service time. We collaborate with prevent blindness to provide sight-saving screenings and referrals to seniors and youth. The Arthritis Foundation provides members with training they need to conduct arthritis-sensitive exercise classes and our members provide the Arthritis Foundation with service and outreach to seniors the organization would otherwise be unable to reach. We collaborate with the Vanderbilt Ingram Cancer Center to share

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resources, meeting space, and expertise to meet our shared goals of increasing education and outreach to senior women at risk for breast cancer.

### b) Local Financial and In-kind Contributions:

We have developed and grown these relationships such that we currently receive support in a diverse and expanded way to include financial support, resources, use of expertise, and use of materials. This year we have grown our relationships particularly with Senior Citizens Inc., the Arthritis Foundation, and Vanderbilt Ingram Cancer Center. Senior Citizens Inc. is reimbursing us for mileage to visit seniors' homes during meal delivery. The Arthritis Foundation is training members to teach arthritis-sensitive exercise classes and is reimbursing us for travel to teach these classes that assist seniors in staying active and improving their bone health. The Vanderbilt Ingram Cancer Center is providing financial support, use of space, and use of expertise in supporting the volunteer advocates of the breast health initiative.

### c) Wide Range of Community Stakeholders:

These partners/collaborators represent some of our key stakeholders, many of whom provide non-financial support to our organization that has continued, expanded, and become more diverse over time. Our stakeholders also include community centers, senior centers, assisted living facilities, other non-profit agencies, the Cohn Adult Learning Center, Vanderbilt University Medical Center -- including the medical school, faith-based organizations, and the community members who represent community interests on the CHS board of directors. We have worked with more than 70 agencies that provide us connectivity to the community, donated space, donated office supplies and equipment, use of trainers, an expanded referral base and community network system, access to other community agencies and collaborative opportunities such as coalitions and committees where we can learn and share, and more.

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### Cost Effectiveness and Budget Adequacy

Cost Effectiveness:

a) Corporation Cost per Member Service Year:

Our cost per MSY is \$12,600.

b) Diverse Non-Federal Support:

The SCHC and CHS have provided continuous assistance and service to communities for more than 30 years, which has only been possible through a diverse fund base and by continually reducing reliance on any single funder. We have maintained this track record by embracing a wide range of funding sources, including corporate and government grants, individual donations, and good relations with providers of "in-kind" gifts. We provide training, technical assistance, and support to our partner agencies that enable them to continue programs we have helped them begin. For example, many of the health fairs and exercise classes originally developed by SCHC are now maintained and operated by our partners throughout middle Tennessee. We engage members of the community in our service, to build a long-term base of community support. For example, the state 2005 Make a Difference Day project, coordinated and hosted by SCHC, repaired and expanded a community garden dedicated to child victims of gun violence. This project required cooperation with the garden's owner and the larger community, as a garden requires frequent attention and maintenance. Members of SCHC and the community have since continued upkeep on this project.

We have a strong record in proposal planning, proposal writing, community relationships designed to strengthen sustainability, and financial management. This emphasis on promoting self-sufficiency has resulted in the long-term sustainability of CHS programs. SCHC seeks to further diversify its funding by applying for new local and foundation grants in the area of service delivery. We have a track record

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of more than 30 years of accomplishing diversified, non-federal support for long-term sustainability, and have continued to strengthen this foundation during our 10 years as an AmeriCorps funded program.

We have non-Corporation resource commitments, both in-kind and cash. As outlined in the budget, we have match commitments from the United Way, the Minnie Pearl Cancer Foundation, and the Susan G. Komen Foundation. We also have partnerships with other non-profits in the community including the Vanderbilt Ingram Cancer Center and Prevent Blindness Tennessee, which have pledged both funds and non-financial resources such as space, educational materials, and expertise and staff time, to support our program. Our sustainability strategies, community partnerships, and match commitments combine to form a solid, diversified foundation that allows us to continually increase our share of costs to meet and exceed program goals and to have a deepening impact on our community without a commensurate increase in federal costs.

### Budget Adequacy:

Our budget is sufficiently adequate to support our program design and activities. We incorporate diversified funding sources that strengthen the budget adequacy including Corporation funding, non-corporation funding, in-kind donations, community support, and the financial and non-financial resource support of the Center for Health Services and Vanderbilt University. In-kind donations include the use of space, meeting space, educational materials, supplies, and more. Our budget is tailored to be specifically linked to our desired outputs and outcomes. In addition to staff salaries, benefits, and living allowances for AmeriCorps members, it includes line items for member orientation, training, travel and gear, as well as general office expenses, equipment, supplies, travel expenses, meeting expenses, and other line items that support the volunteer mobilization, community-based health projects, and health screenings outlined throughout this proposal.



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### Amendment Justification

N/A.

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## Performance Measures

### Service Categories

Senior Citizens Assistance

Primary ☒

Secondary ☐

### Osteoporosis Screening and Counseling

**Service Category:** Senior Citizens Assistance

**Measure Category:** Needs and Service Activities

### Needs and Activities

**Briefly describe the need to be addressed (Max. 4,000 characters)**

Osteoporosis is called the 'silent disease' because bone loss occurs without symptoms. Until a sudden strain, bump, or fall causes a fracture or a vertebra to collapse, many seniors do not know that they have osteoporosis. Nine out of ten hip fractures in older Americans are the result of a fall. The National Institute of Health (NIH) reports that among Americans age 65 and older, fall-related injuries are the leading cause of death due to unintentional injuries. In addition to the immobility, hospitalization, and for some seniors, the seclusion that follows a fall and a broken hip, other long term problems arise. The person who has fallen and broken a bone almost always becomes fearful of falling again. As a result, he or she may limit activities for the sake of 'safety.' Reduced social interaction leads to reduced physical activity, increasing the risk for even lower bone density, osteoporosis, and subsequent falls. This cycle leaves many seniors feeling trapped, afraid to leave home for fear of what might happen outside, but equally afraid to stay at home alone for fear of falling without anyone's notice.

Low-income, frail and isolated seniors need access to free screenings that help them to identify not only their current bone density, but their risk factors for osteoporosis and real, manageable tools for strengthening their bones. This access is critical to their long term health and independence.

**Briefly describe how you will achieve this result (Max 4,000 chars.)**

Members will screen the bone density of 600 seniors at risk for osteoporosis. Members will educate and encourage 350 seniors who have below average bone density to make a commitment to make at least one lifestyle change, including accessing medical care, that will maintain or improve bone density, reducing the risk for osteoporosis. Members will provide telephone and/or written follow-up

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**Briefly describe how you will achieve this result (Max 4,000 chars.)**

to encourage lifestyle changes and to monitor progress. After participating in our program, 110 of the 350 seniors who make a commitment to a lifestyle change (or approximately 30%) will make lifestyle change(s) to reduce their risk for osteoporosis.

Activity Start Date: 01 September 2006

Number of Members: 13

Activity End Date: 15 July 2007

Hours per Day (on average): 4

Days per Week (on average): 5

## Results

**Result: Output**

Members provide bone density screening to 600 seniors to determine risk for osteoporosis. Members will counsel these seniors about risk factors and ways to create healthy change to strengthen seniors' bones.

Indicator: participants

Target: 600 seniors screened and counseled for bone density and osteoporosis risk factors

Target Value: 600#

Instruments: Bone density scan results database

**Result: Intermediate Outcome**

We will motivate 350 seniors to make a commitment to a lifestyle change(s) designed to strengthen their bones and reduce their risk for osteoporosis.

Indicator: participants

Target: 350 seniors make a commitment to lifestyle change(s) to reduce their risk for osteoporosis

Target Value: 350#

Instruments: Commitment entry in bone density database

**Result: End Outcome**

After participating in our program, including screening and counseling, 110 of the 350 seniors who make a commitment to a lifestyle change (or approximately 30%) will make lifestyle change(s) to strengthen their bones and reduce their risk for osteoporosis.

Indicator: participants

Target: 110 of the 350 seniors who make a commitment to a lifestyle change (or approximately 30%) make lifestyle change(s) to strengthen their bones and reduce their risk for osteoporosis

Target Value: 110#

Instruments: follow-up interviews

## Volunteer Mobilization

**Service Category:** Senior Citizens Assistance

**Measure Category:** Strengthening Communities

## Needs and Activities

**Briefly describe the need to be addressed (Max. 4,000 characters)**

To create a long term foundation of support for those in need and in crisis, it is important that we

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**Briefly describe the need to be addressed (Max. 4,000 characters)**

build a broad, community-based spirit of service. SCHC recognizes this need and addresses it by recruiting, training, and managing non-AmeriCorps volunteers in conducting service throughout the community.

**Briefly describe how you will achieve this result (Max 4,000 chars.)**

10 members will build a community-based volunteer program by recruiting, training, partnering with, and/or managing 55 non-AmeriCorps volunteers in activities that address the physical and emotional health, safety, educational, recreational, and other human needs of local populations resulting in the provision of 165 non-AmeriCorps service hours.

Activity Start Date: 01 September 2006

Number of Members: 10

Activity End Date: 15 July 2007

Hours per Day (on average): 4

Days per Week (on average): 4

## Results

**Result: Output**

Members will recruit 55 non-AmeriCorps volunteers for participation in activities that address the physical and emotional health, safety, educational, recreational, and other human needs of local populations.

Indicator: participants

Target: 55 non-AmeriCorps volunteers will be recruited

Target Value: 55#

Instruments: Volunteer service logs, volunteer sign-in sheets, volunteer project schedules, volunteer phone and print follow-up contacts

**Result: Intermediate Outcome**

55 non-AmeriCorps volunteers participate in training to allow them to serve in activities that address the physical and emotional health, safety, educational, recreational, and other human needs of local populations.

Indicator: participants

Target: 55 non-AmeriCorps volunteers will participate in training

Target Value: 55#

Instruments: Volunteer service logs, volunteer sign-in sheets, volunteer project schedules, volunteer phone and print follow-up contacts

**Result: End Outcome**

55 non-AmeriCorps volunteers will develop a sense of national and community service by providing service in SCHC activities that address the physical and emotional health, safety, educational, recreational, and other human needs of local populations.

Indicator: participants

**Result: End Outcome**

Target: 55 non-AmeriCorps volunteers will develop a sense of national and community service

Target Value: 55#

Instruments: Volunteer service logs; volunteer sign-in sheets; volunteer project schedules; volunteer phone and print follow-up contacts; and volunteer surveys and interviews that include dialogue about strengthened sense of national and community service

**Community-Based Health Initiatives**

**Service Category:** Senior Citizens Assistance

**Measure Category:** Needs and Service Activities

**Needs and Activities****Briefly describe the need to be addressed (Max. 4,000 characters)**

To ensure the health and independent living of community populations throughout our service area we must work with community partners and faith-based organizations to determine areas of need and take the time to assess and develop strategies for intervention. By not only taking referrals and conducting assessments, but also reaching out to other community based agencies, we will be able to effectively design, implement, and evaluate service activities that address the health needs of local populations.

**Briefly describe how you will achieve this result (Max 4,000 chars.)**

18 members will design health and service activities that address the health needs of local populations, including but not limited to individualized service projects for seniors and broader-based community impact health projects such as developing clinics or partner-based strategies for addressing community health needs. In some cases, members will conduct focus groups and analysis, design and implement community surveys and feasibility studies, create designs for evaluating services, and provide health services. In other cases, members will receive referrals from the community and community-based agencies for low-income, isolated seniors or people with disabilities who need services to ensure they continue to live in the healthiest, safest, and most independent environment.

Activity Start Date: 01 September 2006

Number of Members: 18

Activity End Date: 15 July 2007

Hours per Day (on average): 8

Days per Week (on average): 5

**Results****Result: Output**

We will plan 85 health and service projects that will benefit individuals being served by SCHC, faith

**Result: Output**

organizations and community programs, who are not otherwise receiving the services needed to assure health and independence.

Indicator: Health and Service Projects

Target: 85 health projects, individualized and broader community-based, will be planned

Target Value: 85#

Instruments: Referral and Assessment Logs. Survey of participants/beneficiaries. Pre/post surveys of members and community agencies. Member identification of health risks that effect local populations. Members' strategies and designs to address health problems. Focus group results. Feasibility studies. Health services records.

**Result: Intermediate Outcome**

We will conduct 75 health and service projects that will benefit individuals being served by SCHC, faith organizations and community programs, who are not otherwise receiving the services needed to assure health and independence.

Indicator: Health and Service Projects

Target: 75 health projects, individualized and broader community-based, will be conducted

Target Value: 75#

Instruments: Referral and Assessment Logs. Survey of participants/beneficiaries. Pre/post surveys of members and community agencies. Member identification of health risks that effect local populations. Members' strategies and designs to address health problems. Focus group results. Feasibility studies. Health services records.

**Result: End Outcome**

The results of 60 health and service projects planned and conducted to benefit individuals being served by SCHC, faith organizations and community programs, will indicate beneficiaries of the project have improved access to safe, healthy, and independent community and home environments.

Indicator: Health and Service Projects

Target: 60 health and service projects will have survey results indicating beneficiaries have improved access to safe, healthy, and independent community and home environments

Target Value: 60#

Instruments: Referral and Assessment Logs. Survey of participants/beneficiaries. Pre/post surveys of members and community agencies. Member identification of health risks that effect local populations. Members' strategies and designs to address health problems. Focus group results. Feasibility studies. Health services records.

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## Required Documents

**Document Name**

**Status**

Audit

Sent

Evaluation

Not Applicable